

CALIFORNIA ADULT IMMUNIZATION RECOMMENDATIONS*

Vaccine* or Toxoid**	Indications	Schedule	Selected Contraindications	Comments
Tetanus and Diphtheria Toxoids (Td)	ALL ADULTS	PRIMARY SERIES: Two doses 4–8 weeks apart, third dose 6–12 months after second. Dose: 0.5 ml intramuscular (IM) Booster: Every 10 years.	Neurologic or severe hypersensitivity reaction to prior dose.	WOUND MANAGEMENT: Patients with three or more previous tetanus toxoid doses: (a) give Td for clean, minor wounds if 10 or more years since last dose; (b) for other wounds, give Td if 5 or more years since last dose. Patients with less than 3 or unknown number of prior tetanus toxoid doses: give Td for clean, minor wounds, and Td plus TIG (Tetanus Immune Globulin) for other wounds.
Influenza Vaccine (Flu)	a. Everyone 65 years of age or older. (See comment.) b. Residents of nursing homes and other long- term care facilities housing persons with chronic medical conditions. c. Anyone who has a serious long-term health problem with: – heart disease – kidney disease – lung disease – metabolic disease, such as diabetes – asthma – anemia, and other blood disorders d. Anyone whose immune system is weakened because of: – HIV/AIDS or other diseases that affect the immune system – long-term treatment with drugs such as steroids – cancer treatment with x-rays or drugs e. Anyone 6 months to 18 years of age on long- term aspirin treatment (who could develop Reye Syndrome if they contract influenza). f. Women who will be in the second or third trimester of pregnancy during the influenza season. g. Physicians, nurses, family members, or anyone else coming in close contact with people at risk of serious influenza.	PRIMARY SERIES: One dose each Fall. Dose: 0.5 ml intramuscular (IM) Booster: Each Fall.	Anaphylactic allergy to eggs.	The age above which influenza immunization is recommended for everyone will likely be lowered from 65 to 50 years, starting by Fall 2000.
Pneumococcal Vaccine (Pneumo)	a. Everyone age 65 years and over. b. Adults of any age with significant chronic cardiovascular or pulmonary disorders. c. Adults of any age with splenic dysfunction, asplenia, Hodgkin's Disease, multiple myeloma, cirrhosis, alcoholism, renal failure, CSF leaks, immunosuppressive conditions.	PRIMARY SERIES: One dose. Dose: 0.5 ml intramuscular (IM) or subcutaneous (SC) Booster: Immunosuppressed or immunodeficient persons: 5 years after 1st dose. Also, persons aged 65 years and older if 1st dose given before age 65 and 5 or more years have passed since 1st dose.		If elective splenectomy or immunosuppressive therapy is planned, give vaccine 2 weeks ahead, if possible.
Measles, Mumps, Rubella Vaccines (MMR)	Adults, especially health care personnel born since 1956 who are at risk of exposure to patients with measles or rubella, or who have contact with pregnant patients.	PRIMARY SERIES: At least one dose on or after first birthday. (Two measles-containing vaccine doses, both on or after the first birthday, if in college or in health care profession, with second dose at least 4 weeks after the first.) Dose: 0.5 ml subcutaneous (SC)	a. Immunodeficiency or immunosuppressive therapy. b. Anaphylactic allergy to neomycin or gelatin. c. Pregnancy. d. Recent receipt of immune globulin (IG) preparation or blood/blood product (a precaution, but not a contraindication). e. Thrombocytopenia ≤ 6 weeks after prior dose.	MMR is vaccine of choice, even if already immune to 1–2 of its components. Women should avoid pregnancy for 3 months after immunization, but as data shows no risk to fetus from the vaccine, accidental immunization of a pregnant woman is not an indication for therapeutic abortion.
Hepatitis B Vaccine (Hep B)	a. Homosexually active men. b. Users of illicit injectable drugs. c. Household and sexual contacts of hepatitis B virus carriers. d. Health care workers frequently exposed to blood or blood-contaminated body fluids. e. Clients and staff of institutions for the mentally retarded. f. Hemodialysis patients. g. Recipients of clotting factor VIII or IX concentrates. h. Morticians, emergency medical technicians. i. Other persons whose occupation puts them at increased risk of exposure to human blood or other blood-contaminated body fluids. j. Sexually active heterosexual persons with multiple sexual partners or recent episode of sexually transmitted disease. k. Certain international travelers.	PRIMARY SERIES: Three doses. The second dose must be at least one month after the first. The third dose must be at least 2 months after the second and at least 4 months after the first. Can start series with one manufacturer's vaccine and finish with another. Dose: (Adult): 1.0 ml intramuscular (IM) Booster: Need unclear. None presently recommended.	Anaphylactic allergy to yeast.	a. Persons with serologic markers of prior or continuing hepatitis B infection (carriage) do not need immunization. b. For hemodialysis patients and other immunodeficient or immunosuppressed patients vaccine dosage is doubled or special preparation is used. c. All pregnant women should be sero-screened for HBsAg and, if positive, their infants should be given post-exposure prophylaxis starting at birth. d. Post-exposure prophylaxis: Consult USPHS (ACIP) recommendations, local health department, or the Immunization Branch.
Inactivated Polio Vaccine (IPV)	a. Health care workers and laboratory workers if they are in close contact with patients excreting wild poliovirus or who handle specimens from such patients. b. Members of community with current disease caused by wild polioviruses. c. Travelers to non-polio-free countries.	PRIMARY SERIES: Unimmunized adults: IPV. Two doses at 4–8 week intervals, third dose 6–12 months after second (can be as soon as 2 mo.). Dose: 0.5 ml subcutaneous (SC) Partially immunized adults: Complete primary series with IPV schedule shown above. No need to repeat doses if schedule is interrupted. Booster: None routinely. See comments.	IPV: a. Pregnancy. b. Anaphylactic allergy to neomycin.	a. If potential exposure to wild poliovirus is imminent, adults who had only 3 doses of polio vaccine (IPV or OPV) previously may be given 1 more dose of IPV. b. OPV no longer routinely available in the U.S.
Varicella Vaccine (Var)	a. Household contacts of immunocompromised persons. b. Health care workers who have contact with immunocompromised, pregnant or other high- risk patients, including premature newborns. NOTE: Immunization not necessary if person has reliable history of clinical varicella.	PRIMARY SERIES: 2 doses 4–8 weeks apart. Dose: 0.5 ml subcutaneous (SC) Booster: None recommended.	a. Immunocompromised. b. Anaphylactic reaction to gelatin or neomycin. c. Recent receipt of immune globulin or blood product (precaution). d. Pregnancy.	If apparent vaccine-caused rash occurs within 26 days after either dose, avoid direct contact with immunocompromised, pregnant, or other high-risk persons for duration of rash.
Hepatitis Vaccine (Hep A)	a. Traveling to or working in developing countries. b. Homosexually or bisexually active males. c. Patients with chronic liver disease (incl. HBsAg+ or anti-HCV+ persons if they also have clinical or laboratory evidence of chronic liver disease). d. Users of illegal injecting and non-injecting drugs if local epidemiologic data suggest increased risk. e. Persons who receive blood clotting factor concentrates. f. Persons who work with hepatitis A infected non-human primates or with hepatitis A virus in research laboratory settings.	PRIMARY SERIES: 2 doses 6–12 months apart. Dose: (Adult): 1.0 ml intramuscular (IM) Booster: None recommended.	Anaphylactic allergy to alum (aluminum hydroxide).	a. Can give immune globulin (IG) at same time in different extremity. b. Immunization not routinely recommended for food handlers, health care workers, sewage workers, or child care facility workers.

* Foreign travel immunizations are not included. Nor are less commonly used vaccines, such as typhoid, rabies and meningococcal vaccines.

** For all these vaccines and toxoids, (a) delay between doses does not require re-starting series or repeating doses.